145 IMMUNOHISTOCHEMICAL EXPRESSION OF STIMULATORS OSTEOCLASTOGENESIS IN PERIAPICAL CHRONIC INFLAMMATORY LESIONS

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Aim: to investigate the immunohistochemical expression of RANKL and TNF alfa in radicular cyst (RC), residual radicular cyst (RRC) and periapical granuloma (PG). Methods: 19 PGs, 21 RCs and 10 RRCs were embedded in paraffin and subjected to immunohistochemistry technique. Data was collected considering age, gender, size and location of the lesions. Morphological information regarding the epithelial lining of the cystic lesions, intensity and quality of the inflammatory infiltrate was also revised. Results: Patients affected by RRCs presented the highest average age (44.5 years) and the highest dimensions (2.6 cm). The lesions most often affected the maxilla of male patients. Regarding the morphological aspects, the intensity of the infiltrate was severe for most RCs and PGs. The epithelium layer was predominantly hyperplastic for RCs and atrophic for RRCs. Immunohistochemical analysis revealed higher expression of RANKL to RCs, followed by PGs and RRCs (p-0.05, X²). The immunostaining of TNF alfa was similar between the lesions (p > 0.05). By analyzing the ratio of RANKL and TNF alfa, the expression of TNF alfa in the lesions studied, having RANKL more important participation in the CRs and GPs. The TNF alfa appears to be a precursor factor for osteoclastogenesis in all stages of chronic inflammatory periapical lesions.

146 ORAL LICHEN SCLEROSUS: CASE REPORT

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The term lichen sclerosus describes a chronically relapsing dermatosis immunologically mediated which presents a potential for destructive scaring, atrophy, functional impairment and malignant evolution, predominantly affecting anogenital mucosa and skin: nevertheless, extragenital lesion might occur, rarely affecting oral mucosa, with few published cases. Although lichen sclerosus shows a slight predificetion for occurring in prepurbetal girls and pre and postmenopausal women, individuals at any age might be affected. Aim: Case report: 12-years old female patient, Caucasian, with non-contributory medical history, presented with a white plaque in mouth involving lower lip extending to labial mucosa, buccal sulcus and gingiva which had developed for 3 months with no symptomatic manifestation. Methods: Incisional bilopsy was performed for histopathologic analysis, which was consistent with lichen sclerosus, showing basal cells degeneration, epithelium atrophy, a clear superficial lamina propria homogenization and a diffuse band-like lymphocytic infiltrate below. Treatment plan consisted on intralesional Triamcinolone 20mg/ml infiltrations. After two applications, lesion clearly regressed: nevertheless, one more application is necessary once a slight whitish plaque can be observed in lower lip vermillion. Conclusion(s): Histopathologic analysis is mandatory for diagnosing oral lichen sclerosus, which is a rare lesion. Triamcinolone intralesional infiltration is a reliable therapeutic approach for improving symptomatic and esthetical aspects. Keywords: Lichen Sclerosus et Alhophicus; Skin Diseases: Mouth Diseases.

147 CONSEQUENCES OF TRAUMATIC OCCLUSION IN PERIODONTAL STRUCTURES.

CONSEQUENCES OF TRAUMATIC OCCLUSION IN PERIODONTAL STRUCTURES

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Aim: The aim of this paper is discuss the relationship between traumatic occlusion and its effects on periodontal structures, its etiological factors and the possible advantages of association between occlusal and periodontal thearapy. Methods: Bibliographic review in books and in the Pubmed website. Results: A healthy periodontum depends on mechanical stimulus from the occlusal forces of functional activity. Occlusion is the "lifeline of periodontum" because it may change when such functional stimuli are insufficient or when these forces exceed the adaptation capacity of the tissues. The American Academy of Periodontology (2001) sets the occlusal trauma as a injury which results in tissue changes within the insertion apparatus, as a result of occlusal forces. The occlusal trauma can be triggered from emotional or local factors changes (presence of defective restorations, ill-fitting dentures, extensive loss of periodontal support or inclination of the teeth). As clinic consequence, we can cite: tooth mobility, thrill, permanent discomfort and pain to percussion or occlusion; and radiographically: thickening of the periodontal digament, disruption of lamina dura, radiolucent and condensation of the alveolar bone, angular bone defect and root resorption and alveolar bone. An effective treatment is occlusal adjustment, associeted with the removal of the etiology and treatment of periodontal disease, when present. Conclusion(5): A functional occlusion is essential for the maintenance of periodontals structures, and when indicated, occlusal adjustment should be performed routinely during periodontal treatment.

148 SUTURE-GUIDED LIP REPOSITIONING, WITH A PREVIEW TRIAL TECHNIQUE TO REDUCE A GUMMY SMILE: REPORT OF CLINICAL CASES

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Gummy smile can be estheticallly concerning. When the etiology is lip hypermobility, lip repositioning surgers is a treatment option. Although this is an elective procedure, traditional lip repositioning surgeries have not resulted in ability to preview the surgical outcome. These case reports introduce a new technique that allows patients to preview and prescribe the outcome of their surgery using a modification of the reversible trial technique reported by Jacobs and Jacobs in 2013. Aim: Case Series: Two patients with excessive gingival display were treated. Methods: The reversible trial technique was performed with temporary sutures approximating the programmed margins of the upper labial mucosa, thereby allowing patients to preview their lip repositioning surgery. The modification of the original technique consisted in quantifying the reduction of the vestibule depth according to the position of the sutures so that patients can further alter the desired ginglyal display. Thus, incisions follow the suture limits, whereby a segment of maxillary labial mucosa is excised bilaterally to the frenum. Trial sutures were replaced by permanent sutures that approximate excised margins of the tissues. The final result was a lip positioning closer to the mucogingival junction, decrease in the vestibular depth and limited labial mobility as previewed by the patients. Conclusion(s): The introduced modification of the technique for lip repositioning surgery allowes patients to preview and prescribe the desired increment of gingival reduction.

149 ASSOCIATION BETWEEN THE SYMPTOMS OF TMD AND BRUXISM IN PATIENTS IN DENTAL TREATMENT

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There are studies in the literature relating to different etiologies with symptoms of temporomandibular disorders (TMD). The parafunctional habit of teeth grinding (bruxism) is considered one of the etiologic factors of TMD, however there is divergence between the researchers. Aim: The aim of this study was to determine the prevalence of TMD symptoms and bruxism in patients in dental treatment, through a questionnaire for selection of orofacial pain and temporomandibular disorders recommended by the American Academy of Orofacial Pain and a specific questionnaire for diagnosis bruxism. Methods: A number of 150 patients (58 men and 92 women) in dental treatment aged 14 to 80 (mean: 47 years old) were interviewed aged between 14 and 80 years (mean 47 years). RESULTS: Among them, 58 % reported at least one symptom associated with TMD and 47.3 % at least one symptom of bruxism and 35 % of patients reported symptoms of TMD and bruxism concomitant. The statistical test showed that patients who report symptoms of bruxism are at increased risk for the occurrence of symptoms. Conclusion(s): It can be concluded that in patients interviewed, there was a high prevalence of symptoms of bruxism and TMD and as a significant association between symptoms of bruxism and TMD in patients interviewed.

150 COMPLETE-ARCH IMPLANT-SUPPORTED PROSTHESES: THE IMPORTANCE OF SURGICAL-PROSTHETIC PLANNING.

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A correct surgical-prosthetic planning for the jaws have directly influence in the success of extensive rehabilitation with implants, increasing the predictability and the success rate of the treatment, consequently the satisfaction of patient. Aim: CASE REPORT: Patient, male, attended in the clinic and the initial clinical examination were observed unsatisfactory removable partial prosthesis and unfavorable prognosis of some teeth. Methods: After take a computer tomography, was evaluated and planned a complete-arch implant-supported prostheses for the jaws. In the superior arch, the rehabilitation was made in 2 steps. Initially, following the principles of dentures for rehabilitation, a maxilla multifunctional guide was made to order the position of the implants and a provisional denture was made. After the osseointegration of the implants, the abutments were selected and installed, impression followed by the installation of implant-fixed completed dental prostheses. In the inferior rehabilitation, after the surgical procedure of the implants installation, abutments were selected and an immediate loading complete-arch implant-supported prostheses was made. Conclusion(s): We conclude that the rehabilitation using complete-arch implant-supported prostheses immediate becomes it's easier and more predictable when the correct planning is done, minimizing complications and the chances of failure.